

City Clerk's Office – License Division 200 E. Wells St., Room 105 Milwaukee, WI 53202 (414) 286-2238

license@milwaukee.gov http://city.milwaukee.gov/lobbying

PRINCIPAL EXPENSE STATEMENT

Instructions: Complete Lines 1 through 6 of the Principal Expense Statement and any Parts required to be completed pursuant to Line 6. Attach and submit with the expense statement all completed Disclosure of Lobbying Activity forms (ccllobby10), if required. Please be advised that the following are exempt from filing an expense statement: a government department, agency or organization of another political subdivision within the state of Wisconsin, another state, or the federal government.

expense statement: a government departr political subdivision within the state of Wis government.	
1. Reporting Period: ☐ January 1 through June 30, 20_	Filing Doadling: July 30
☐ July 1 through December 31, 20	
Expense statement must be filed no me reporting period. There is an additional feethis statement.	
2. Name of Principal:	
3. Principal's Address:	
4. Principal's Email Address:	5. Principal's Telephone Number:
6. Indicate whether lobbying expenditures the reporting period and complete the part □ Less than \$500. Complet □ More than \$500. Complet submit with the expense statement a Disc lobby10) for each subject area in which the legislative or administrative action.	ts and forms indicated. te Part III only. te Parts I through III. Complete and losure of Lobbying Activity form (ccl-
PART I. Lobbying Expenditures.	\$
and any other activities conducted	by the principal and all lobbyists for the amount entered:

the amount exceeds \$500 during the reporting period.

8. If the amount entered in line 7 includes lobbying expenditures and obligations made or incurred by any one lobbyist for the principal which exceeded \$200 during the reporting period, enter in Table 1 below the name and address of the lobbyist and the total amount of the lobbying expenditures made or obligations incurred.

Table 1.

Lobbyist Name	Lobbyist Address	Expenditur
Name	Address	е
		Amount
		\$
		\$
		\$
		\$

Enter on a separate sheet of paper any additional disclosures relating to Table 1.

PART II. Reimbursements.

10. Enter in Table 2 below the name of any city official to whom the principal or any lobbyist for the principal provided reimbursement authorized under s. 303-9-2-a, MCO, and the date and amount reimbursed.

Table 2.

City Official Name	Date of Reimbursement	Amount of
		Reimbursement
		\$
		\$
		\$
		\$
		\$

Enter on a separate sheet of paper any additional disclosures relating to Table 2.

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11. I certify that the above is true and correct to the best of my knowledge, information and belief and that I am the principal or person authorized to sign this statement on behalf of the principal.

Signature:	Date:
Type or Print Name:	

Office Use Only:	Initials:	Transaction #:	Date & Time Stamp:
Office OSE Office.	ii iiliais.	1141154611011#.	Date & Tille Stallip.